

# SOZO APPLICATION

Fill out this form to apply for a personal Sozo session.

\* Required

1. **Date \***

*Example: December 15, 2012*

2. **First Name \***

3. **Last Name\* \***

4. **Email\* \***

5. **Street Address\* \***

6. **City, State, Zip Code \* \***

7. **Gender**

*Mark only one oval.*

☐ Male

☐ Female

8. **Age**

9. **Church Attending**

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10. **Have you received ministry from Oasis Sozo Team in the past?**

*Mark only one oval.*

☐ Yes

☐ No

11. **If yes, please share:**

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12. **Who referred you to Sozo Ministry?**

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13. **Are you under a doctor's care or are you on medication?**

*Mark only one oval.*

☐ Yes

☐ No

14. **If yes, reason?**

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15. **Do you attend a home group?\***

*Mark only one oval.*

☐ Yes

☐ No

**If you do not attend a home group, we strongly recommend you find one. We recommend that you share with someone you trust what happens during your Sozo session so that you will have someone to pray with you and hold you accountable. (This person should not be your best friend.)**

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16. **Will you be able to fast and pray before your Sozo session?**

*Mark only one oval.*

☐ Yes

☐ No

17. **Do you have any questions or concerns you would like addressed before you receive your Sozo session?**

*Mark only one oval.*

☐ Yes

☐ No

18. **If so please state:**

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19. **Please note: Oasis of Grace is a mandatory reporting organization. If at any time we become aware of physical or sexual abuse of a minor, we are legally obligated to contact appropriate authorities.\* \***

*Check all that apply.*

☐ I have read and understand this statement.

20. **For the value of the time spent ministering to you, there is a suggested donation of \$75.00. You may send the donation via mail, submit it via PayPal, or bring it to your scheduled appointment. For any checks being mailed, please write the name of the applicant in the memo field and send to: Oasis of Grace--Sozo Ministry 622 Cherry Street Graham, TX 76450. \* \* \***

*Check all that apply.*

☐ I have read and understand this statement.